



Name (Last, First, MI)			<b>or</b>
Address			
City	State	Zip Code (9-digit)	
Home Telephone Number	Work Telephone Number	Email Address	

Name of Institution			
Mailing Address	City	State	Zip Code
Existing Major/Minot (attach transcripts)			
Pursued Major			

**Required Coursework (based on North Dakota Teacher Education Program Approval Standards)**

General Studies	Professional Education	Content Major

Approved Signatures	Date
Program Advisor	
Teacher Education Chair	
Dean, College of Education	
Executive Director, ESPB	

**Submit completed form to:** Education Standards and Practices Board  
 2718 Gateway Ave, Suite 303  
 Bismarck, ND 58503-0585  
 (701) 328-9641 Office  
 (701) 328-9647 Fax

**Please remember to sign form.**

